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## PTO/SB/01 (12-97) Approved for use through 9/30/00. OMB 0651-0032 Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Attorney Docket Number 10/041 **DECLARATION FOR UTILITY OR** Maloney, A. First Named Inventor DESIGN COMPLETE IF KNOWN PATENT APPLICATION 09 / 626,584 (37 CFR 1.63) Application Number July 27, 2000 Filing Date ☐ Declaration Declaration 1615 Submitted after initial **Group Art Unit** Submitted Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name**

As a below named inventor, I hereby declare that:									
My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:									
Opioid Sustained-Released Formulation									
the specification of which (Title of the Invention)									
is attached hereto									
OR  was filed on (MM/DD/YYYY)  07/27/2000  as United States Application Number or PCT International									
(Z and lank)									
Application Names U9/020,304 and was amended on (introduction)									
I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.									
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of									
A	we also identified below by a	chacking the boy any total	ดก คถอแดลมดก เด	r natent or inven	tor's certificate,				
or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Prior Foreign Application		Foreign Filing Date	Priority		py Attached?				
Number(s)	Country	(MM/DD/YYY)	Not Claimed	YES	NO				
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Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:  I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.									
Application Number(s) Filing Date (MM/DD/YYYY)									
60/146,298 07/29/99			Additional provisional application						
00/170,230	10.,20,30		numbers are listed on a						
			supplemental priority data sheet PTO/SB/02B attached hereto.						
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[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## DECLARATION — Utility or Design Patent Application

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I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.													
· U.	U.S. Parent Application or PCT Parent Number						rent Fili MM/DD/	ng Date YYYY)	Parent Patent Number (if applicable)				
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Registered practitioner(s					) name	name/registration number listed below				Label here Registration			
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Country		US		Telephor	10	203	/798-99	988	Fax 203/798-4408			408 -	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.													
Name of Sole or First Inventor:													
Given Name (first and middle [if any])				Family Name or Surname									
Ann M.					Maloney								
Inventor's Signature Jumn Mal			enel Date 10/19/0.										
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Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto													